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PATENT APPLICATION
ATTORNEY DOCKET NO. T8829.DIV1

IN THE UNITED STATES PATENT & TRADEMARK OFFICE

ART UNIT: 3738

EXAMINER: Alvin J. Stewart

APPLICANT: Edwin K. Iversen

SERIAL NO.: 10/080,962

RESPONSE/
AMENDMENT

CONFIRM. NO.: 2478

FILED: February 21, 2002

FOR: SAFETY CLUTCH FOR A PROSTHETIC
GRIP

DOCKET NO. T8829.DIV1

VIA FACSIMILE

*Please enter
Amendment*
Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir

10/18/05.
In response to the Advisory Action, mailed September 29, 2005, Applicant offers the
following Amendment and requests reconsideration of the above-captioned application.

CERTIFICATE OF FACSIMILE UNDER 37 C.F.R. § 1.8

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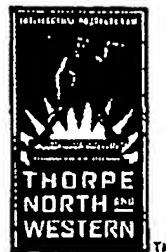
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FROM: STEVE PERRY
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Included are: Transmittal Letter for Response/Amendment
Amendment (5 Pages)
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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	T6829.DIV1
Filing Date	February 21, 2002
First Named Inventor	Edwin K. Iversen
Art Unit	3738
Examiner Name	Alvin J. Stewart
Attorney Docket Number	T6829.DIV1

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavit/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Thorpe North & Western, LLP		
Signature	<i>Steve M. Perry</i>		
Printed name	Steve M. Perry		
Date	October 11, 2005	Reg. No.	45,357

CERTIFICATE OF TRANSMISSION/MAILING

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Signature	<i>Steve M. Perry</i>		
Typed or printed name	Steve M. Perry	Date	October 11, 2005

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